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| UNIVERSITY OF THE PHILIPPINES MANILA*The Health Sciences Center*OFFICE OF THE UNIVERSITY REGISTRARPadre Faura Street, Manila |
| **UNIVERSITY STUDENT CLEARANCE****UPM-OUR-OP-01F9****Print legibly.****Process in sequential order.****Please accomplish in duplicate** |
|   |
|  |  |  |  |  |
| DATE | *SURNAME* | *FIRST NAME* | *MIDDLE NAME* | *MAIDEN NAME* |
| STUDENT NUMBER |  |  |  |  | - |  |  |  |  |  | COLLEGE |  | DEGREE | UNDERGRADUATE |  |
| PURPOSE |  |  | MASTER’S |  |
|  | DOCTORATE |  |
|  | TERM | ACADEMIC YEAR |
| First Enrollment in the University  |  | FS |  | SS |  | MID |  |
| Last Enrollment in the University  |  | FS |  | SS |  | MID |  |
| 1. COLLEGE

 College Clearance Accomplished  | 1. OFFICE OF ANTI-SEXUAL HARASSMENT (OASH)

 No Obligation |
| DEAN | Date | COORDINATOR | Date |
| 1. OFFICE OF STUDENT AFFAIRS

 No Obligation* 1. Pending Case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Student Loan

O.R. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | 1. UPM HEALTH SERVICE

 No Obligation |
| DIRECTOR | Date |
| 1. ACCOUNTING OFFICE

 No Obligation   |
| DIRECTOR | Date |
| 1. LEARNING RESOURCE CENTER (for undergraduate)

 No Obligation |
| CHIEF ACCOUNTANT | Date |
| 1. OFFICE OF THE UNIVERSITY REGISTRAR
	1. Entrance Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_
	3. Underassessment \_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_
	4. Graduation Fee \_\_\_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_
 |
| DIRECTOR | Date |
| 1. UNIVERSITY LIBRARIAN

 No Obligation |
| UNIVERSITY LIBRARIAN | Date | UNIVERSITY REGISTRAR | Date |
| **NOTE: Always present your copy of this clearance when requesting for Transcript of Records and Honorable Dismissal.** |